Gather Health ACO LLC

Medicare Shared Savings Program

Performance Year 2023

Green Mountain Care Board Budget Analysis

Follow-up Questions

Section 1: ACO Information, Background and Governance

2. Section 1, Question 8 please elaborate as to why Gather Health feels that it is "Not Applicable" to be accredited, certified, or otherwise recognized by an external review organization (e.g., for NCQA accreditation or payer assessments).

Gather Health applied the term "not applicable" only as placeholder text in an earlier iteration of these responses, but not intending to draw a legal conclusion. Having had the benefit of some clarification as to the origin of the question, Gather Health responds as follows: Gather Health recognizes that ACOs operating in certain states may be subject to various state laws. That is particularly true for ACOs serving Medicaid beneficiaries in that state and utilizing state Medicaid dollars. Because the Medicare Shared Savings Program does not require accreditation, certification, or other third-party review, and instead applies federal standards, and because Gather Health is one such Medicare Shared Savings Program ACO, Gather Health sought clarification before responding with vague or overbroad characterizations about its operations. By way of further response, CMS establishes a Quality Performance Standard that the ACO establishes processes to meet or exceed. (Note: NCQA retired their ACO accreditation program in 2019 (https://www.ncqa.org/aco-accreditation-program-retirement/).

3. Describe the ACO's approach to diversity, equity, and inclusion in assembling the Governing Body and steps the ACO is taking to ensure the Governing Body appropriately represents the population the ACO serves.

Gather Health established a governing body committed to the goals of diversity, equity, and inclusion through a voluntary nomination process. As part of that process, the ACO took into account a wide variety of factors to ensure that nominees are as committed to the bedrock principles of diversity, equity, and inclusion as the mission of healthcare is, and should strive for. The ACO's governing body also includes two community stakeholders/healthcare advocates who contribute a broad set of perspectives and expertise in establishing the strategic direction of the ACO, which includes oversight of our core beliefs. Gather Health will add an ACO-aligned Medicare beneficiary shortly. Specific to Vermont, the governing body is represented by two providers from our Vermont ACO participant list that bring a significant amount of experience in both the medical and mental healthcare fields. The mental healthcare specialty is particularly valuable to the ACO, which addresses unmet needs in a variety of disadvantaged communities and patient groups.

Section 4: ACO Budget and Financial Plan

4. In follow up to Section 4, Question 1, which asked about audited financials, does Gather Health plan to have a financial audit in the future?

Gather Health ACO LLC does not currently have a financial audit scheduled, but may do so in the future.

5. Please directly address Question 3 subpart a. of the guidance (page 6-7 of the narrative submission): "Portion of the risk covered by reserves, collateral, or other liquid security whether established as a program contractual requirement or as part of the ACO's risk management plan."

The ACO has established a repayment mechanism in the form and amount determined by the Centers for Medicare & Medicaid Services for Performance Year 2023. The repayment mechanism amount must be equal to the lesser of the following, in accordance with § 425.204(f)(4)(ii):

One-half (0.5) percent of the total per capita Medicare Parts A and B fee-for-service (FFS) expenditures for its assigned beneficiaries, based on expenditures for the most recent calendar year for which 12 months of data are available; or

One percent of the total Medicare Parts A and B FFS revenue of its ACO participants, based on revenue for the most recent calendar year for which 12 months of data are available.

6. On page 8, the response "Not applicable" was provided for question 5a-d. Given that the ACO did not operate in FY21-22, please answer this question with FY23 budget estimates. In addressing question 5a, please also include estimates for the in-kind incentive program.

Please provide the following information for 2021-2023, as an estimated budget:

a. The amount of any fixed payments and any shared savings distributed to Vermont Participant Providers and Preferred Providers:

b. The amount of any shared savings or shared losses on a total ACO-wide basis.

c. The proportion of shared savings invested in infrastructure, redesigned care processes, and other resources necessary to improve outcomes and reduce Medicare costs for beneficiaries on a total ACO-wide basis:

d. The proportion of shared savings distributed to Participant Providers and Preferred Providers on a total ACO-wide basis:

Please see separately provided information.

7.Regarding Section 5 Question 1: On page 9 it states, "Our partnership and work together includes... upfront investment in provider care infrastructure to deliver lifestyle medicine and better care coordination." Please detail what you mean by "upfront investment" and give examples.

Please see separately provided information in regards to flow of funds.

8. Gather Health platform and data sources:

Tell us more about the different functionalities of the Gather Health platform, such as how it might integrate with the VHIE and existing EHRs, and how patients might interact with the platform.

Patients interact with the Gather Health platform by enrolling, then engaging in curated interactions between them and others on the platform. The platform also serves as the main way to participate in the ACO's chronic disease care management program.

How are providers expected to access the VHIE? Is it through existing connections or through the Gather Health platform? Is VHIE data integrated into the Gather Health platform?

VHIE data is not integrated into the Gather Health platform at this time. We expect to integrate into HIEs based on our current provider partner's integration into HIEs which, as required, will also integrate into the provider partner's health information technology / clinical informatics workflow as needed.

Are there startup costs for providers associated with enabling the Gather Health platform?

No.

In addition to Admission Discharge Transfer data, what types of data would be accessible to providers through the VHIE and elsewhere?

While additional data may be available eventually, currently no additional data will be accessible to providers through the VHIE or elsewhere at this time.

9. How does the ACO plan on integrating their work with the Blueprint for Health and other existing Vermont programs to ensure duplication is avoided? Has the ACO identified ways to leverage the work of these programs to advance its own priorities?

Our provider partner is an integral part of the Vermont Blueprint for Health, with a current particular focus on managing diabetes and hypertension. We intend to leverage and augment providers' existing work by also focusing on diabetes and hypertension as part of our chronic disease management program.

10. Please provide more detail about the "always-accessible shared community of providers and patients" described on page 9. What does this look like practically? How does a beneficiary "access" the community (i.e.,is cellular data or internet access required)? How is the community moderated? Describe how the community was "intentionally designed to focus on preventing and reversing" chronic diseases.

The shared community is digital and allows patients to connect with each other to discuss their health, their health goals, and their progress. The community also functions as a resource for information – especially questions or common repeatable processes, such as specifics on a state Medicaid program, what is needed to qualify, how to apply, and other specifics.

Beneficiaries will have access to the community online. Beneficiaries will work with us or their provider if they do not have, or cannot navigate, digital access. All users of the community agree to the community standards and there are specific technology and person-based processes in place to ensure content meets the community's standards. When content does not, it is either flagged, hidden, or removed from the community. The community is intentionally designed to focus on preventing and reversing chronic diseases by building disease-specific, evidence-based community 'modules' for beneficiaries to interact with and meet.

11.What experience does Gather Health have with Shared Medical Appointments (SMAs)? Specifically:

- **What kind of training will be given to providers to ensure the success of this model? Describe the infrastructure that is in place to accommodate SMAs, particularly in a rural state like Vermont (i.e., are SMAs conducted virtually or in person, how will patients learn about the program and join, etc.).**

All shared medical appointments (SMAs) will be conducted by our provider partners. Gather Health does not provide or facilitate SMAs at this time. However, the concept of a community that allows a one-to-many approach is similar to the concept and evidence of a SMA, which is the context we provided to the Green Mountain Care Board.

12. Describe the in-kind incentives that Gather Health plans to offer, including specific examples, the evidence that supports their use, and how these incentives and services are distributed.

In compliance with 42 CFR 425.304, we intend to offer preventive care items and services for which there is a connection between the items and services and the medical care of the beneficiary, none of which are Medicare-covered items or services on the furnished. As the ACO begins operations for PY 2023, we continue to explore the specific high-value in-kind incentives tailored to meet the medical needs of our beneficiary population.

13. Given Gather Health's focus on telehealth as an important modality of care, why isn't Gather Health using the telehealth waiver (42 CFR § 425.613) to help incentivize participants to us telehealth as a management tool for chronically ill populations?

The use of telehealth services remains a decision between a provider and a patient. Currently, due to the COVID-19 public health emergency, provisions in CAA, 2022 the proposed Medicare Physician Fee Schedule 2023 rule, and other reasons, we did not seek the telehealth waiver.

14. Regarding how Gather Health will "engage these patients in culturally-competent ways" on page 10, please provide specific examples of how Gather Health is supporting providers in this work.

Working with our ACO participants, our governing body, and community stakeholders, we work to ensure material and information is provided in language, manner, and format that is not only consistent with the requirements of the Civil Rights Act of 1964, but may at times go further so that our patients feel as invested and "heard" as we do. We are also committed to the *process* of learning how we can improve our engagement efforts in culturally competent ways, which will necessarily require an iterative process refined through direct feedback, on-the-ground experience, and humility.

15. Section 6 questions were missing in the initial submission, please complete this section.

Payer Contract: Medicare Shared Savings Program **Contract Period**: 1/1/2023 to 12/31/2027 **Date Signed**: TBD – Expected December 2022
Financial Arrangement – Shared Savings and/or Shared Risk Arrangements
Are shared savings possible? * **Yes**
Does shared savings arrangement meet minimum requirements of 30% of the difference between actual and expected spending (see Section 6.b of the All-Payer ACO Model Agreement)? * **No**
Describe shared savings and shared risk arrangement(s): Maximum savings of 20% of benchmark and maximum incurred losses of 15% of benchmark (SSP ENHANCED Track)
Contract Reference(s): Please see 42 CFR 425
Payment Mechanisms – Payer/ACO Relationship
Describe payment mechanism(s) between payer and ACO (AIPBP, FFS, etc.): Value-based Arrangement – Shared Savings or Shared Losses per Performance Year for a Fee-for-Service Population
Contract Reference(s): 42 CFR 425
Payment Mechanisms – ACO/Provider Relationship
Describe payment mechanism(s) between ACO and ACO provider network: Shared Savings
ACO Provider Agreement Reference(s): Provided to GMCB

For payments to providers, please complete the table below, identifying the applicable category of the payments (or percentage of payments in each category) based on HCP-LAN categories:

HCP-LAN Category	ACO / provider arrangements	$ value	
Category 1: FFS-No link to Quality and Value			
1: FFS-No link to Quality & Value	Please see previously provided information on flow of funds and payments		
Category 2: FFS-Link to Quality and Value			
2A: Foundational payments for infrastructure & operations	Please see previously provided flow of funds and payments.		
2B: Pay for reporting	Please see previously provided flow of funds and payments.		
2C: Pay for performance	Please see previously provided flow of funds and payments.		
Category 3: APMs Built on FFS Architecture			
3A: APMs with shared savings	None		
3B: APMs with shared savings and downside risk	Yes	100%	
3N: Risk based payments NOT linked to quality	None		
Category 4: Population-Based Payment			
4A: Condition-specific population-based payment	None		
4B: Comprehensive population-based payment	None		
4B with reconciliation to FFS and ultimate accountability for TCOC	**Medicare AIPBP (Per CMMI and LAN)**: *CMMI actually includes VT All payer in the Annual LAN APM measurement effort and currently categorizes VT All payer as Category 4B (See definition from the LAN's APM Framework):* *"Payments in Category 4B are prospective and population-based, and they cover all an individual's health care needs. Category 4B encompasses a broad range of financing and delivery system*		

	arrangements, in which payers and providers are organizationally distinct."		
4B with NO reconciliation to FFS	**Medicaid**		
4C: Integrated finance & delivery system	None		
4N: Capitated payments NOT linked to quality	None		

Services Included in Financial Targets (Total Cost of Care)
Services Included in Financial Targets: *Complete **Appendix A, Services Included in Financial Targets**, for all ACO-payer contracts. (Services must be comparable to All-Payer Financial Target Services as defined in section 1.f of the All-Payer ACO Model Agreement, to qualify as Scale Target ACO Initiative)* *
Contract Reference(s): 42 CFR 425.604
Quality Measurement
Is financial arrangement tied to quality of care or the health of aligned beneficiaries? * **Yes**
Describe methodology for linking payments to quality of care or health of aligned beneficiaries (e.g., withhold, gate and ladder, etc.): Quality Performance Standard to Qualify for Shared Savings
Quality Measures: *Complete **Appendix B, Quality Measures**, for all ACO-payer contracts.*
Contract Reference(s): 42 CFR 425
Attribution Methodology
Describe attribution methodology: Preliminary prospective assignment with retrospective reconciliation
Contract Reference(s): 42 CFR 425
Patient Protections
Describe patient protections included in ACO contracts or internal policies: CMS; HHS; OIG; DOJ
Contract and Policy Reference(s): 42 CFR 425

Table 2: Services Included in Financial Targets

Indicate with "x" if category is included

Category of Service or Expenditure Reporting Category	**Medicare ACO Program**
Hospital Inpatient	X
Mental Health/Substance Abuse - Inpatient	X
Maternity-Related and Newborns	X (rare)
Surgical	X

Medical	X
Hospital Outpatient	X
Hospital Mental Health / Substance Abuse	X
Observation Room	X (rare)
Emergency Room	X
Outpatient Surgery	X
Outpatient Radiology	X
Outpatient Lab	X
Outpatient Physical Therapy	X
Outpatient Other Therapy	X
Other Outpatient Hospital	X
Professional	X
Physician Services	X
Physician Inpatient Setting	X
Physician Outpatient Setting	X
Physician Office Setting	X
Professional Non-physician	X
Professional Mental Health Provider	X
Post-Acute Care	X
DME	X
Dental	X
Pharmacy	X (Part B only)

Table 3: Quality Measures

Indicate with "x" if category is included

Note to the GMCB: These are the specific measures included in the quality track for PY2022 eCQM/MIPS pathway.

Quality Measure	**Medicare ACO Program**
Screening for clinical depression and follow-up plan	X
Tobacco use assessment and cessation intervention	
Hypertension: Controlling high blood pressure (ACO composite)	X
Diabetes Mellitus: HbA1c poor control (ACO composite)	X
All-Cause unplanned admissions for patients with multiple chronic conditions (ACO composite)	
Consumer Assessment of Healthcare Providers and Systems (CAHPS) patient experience surveys*	
% of Medicaid adolescents with well-care visits	
30-day follow-up after discharge from emergency department for mental health	
30-day follow-up after discharge from emergency department for alcohol or other drug dependence	
Initiation of alcohol and other drug dependence treatment	
Engagement of alcohol and other drug dependence treatment	
Risk-standardized, all-condition readmission	
Skilled nursing facility 30-day all-cause readmission	
Influenza immunization	
Pneumonia vaccination status for older adults	

Colorectal cancer screening	
Number of asthma-related ED visits, stratified by age	
HEDIS: All-Cause Readmissions	
Developmental screening in the first 3 years of life	
Follow-up after hospitalization for mental illness (7-Day Rate)	
Falls: Screening for future fall risk	
Body mass index screening and follow-up	
All-cause unplanned admissions for patients with Diabetes	
All-cause unplanned admissions for patients with Heart Failure	
Breast cancer screening	
Statin therapy for prevention and treatment of Cardiovascular Disease	
Depression remission at 12 months	
Diabetes: Eye exam	
Ischemic Vascular Disease: Use of aspirin or another antithrombotic	
Acute ambulatory care-sensitive condition composite	
Medication reconciliation post-discharge	
Use of imaging studies for low back pain	
Add Additional Measures as Needed	

Appendices

16.Gather Health's provider partner in Vermont has practice sites in both Vermont and New Hampshire. For Tab A-1, please complete the below table to clarify how the submitted numbers (M9 and N9) are defined (column 2 below) and what percentage of Gather Health's overall business is associated with each row (column 3 below).

	Number of Providers/Attributed Lives (specify below)
Providers associated with practice sites in Vermont	52 are primarily Vermont
Attributed lives associated with practice sites in Vermont	Unable to provide Vermont-specific attribution
Attributed lives that are Vermont residents	Unable to provide Vermont-specific attribution